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صندوق بريد: 48577، دبي، الإمارات العربية المتحدة
 هاتف: 04 267 8866 - فاكس: 04 267 8855
 صندوق بريد: 457، الشارقة، الإمارات العربية المتحدة
 هاتف: 06 565 8866 - فاكس: 06 565 8899

Haemodialysis Visitor Form



Name:

Home Phone No:

Visiting Address:

Date of Visit:

History:

Diagnosis:

Medical History:

| | | |
|-------------------|-----------|----------|
| Asthma | Yes | No |
| Diabetes Mellitus | Yes | No |
| Hypertension | Yes | No |
| Cardiac Problems | Yes | No |

Allergies:

Commencement Date of First Dialysis:

Lab Works: (Attach copies of results within the past 30 days)

| | | |
|---------------------------|---------------------------------|------------------------------------|
| Hepatitis B (HbsAg) | Hepatitis B Antibodies | Hepatitis C (HCV) |
| HIV | MRSA (Catheter exit site) | Nasal Swabi (if no catheter) |
| Hb | Hct | Na+ |
| K+ | Urea | Crea |
| PO4 | Ca | |

Haemodialysis Prescription:

Frequency: 2X/WK

3X/WK

Other

Length of treatment:

HRS

Dry Weight:

HRS

Dry Weight:

KG

Type of Dialyzer

Coefficient

| | | | |
|----------------------------|--------|---------------|--------|
| Dialysate: Potassium | MMOL/L | Calcium | MMOL/L |
| Bicarb | MMOL/L | Sodium | MMOL/L |
| Dextrose | MMOL/L | | |

Dialysate Temperature

°C

Heparin: Initial Bolus.....Units
 Hourly Rate.....Units
 Discontinue Time.....Min

Treatment History:

Type of Access: Fistula.....Permanent Catheter.....
 Graft.....Temporary Catheter.....

Needle Gauge/Size:.....

Local Anaesthetic: Lidocaine (Emla 5%) Ointment.....Xylocaine Inj:.....

Complications During Dialysis if Any:.....
.....

Medication's:

EPO.....Units.....
IV Iron.....MG.....
Other.....

Nephrologist Name and Phone Number:

Please Complete the Form and fax it to:

Attention: Dialysis Department
Fax Number: +971 4 267 8855

For more information please contact the following numbers:

Zulekha Hospital, Dubai. Tel: +971 4 267 8866